

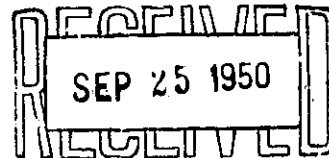
FILED OCT 2 1950

THE CITY OF MISSOURI  
STANDARD CERTIFICATE OF DEATH30893  
State File No.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>164</u>   |  | PRIMARY REG. DIST. NO. <u>3032</u> Registrar's No. <u>113</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JOHNSON</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>LA FAYETTE</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>RURAL SIMPSON</u>  |  | c. LENGTH OF STAY (In this place)<br><u>2</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>RURAL JOHNSON County TWP</u>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>None</u>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>12 MI SOUTH + WEST OF CONCORDIA, MO</u>  |  |
| 3. NAME OF DECEASED (First) <u>HENRY</u><br>(Type or Print)   |  | b. (Middle)   |  | c. (Last) <u>ALEWEL</u>  |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMING</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FARM</u>  |  | 8. DATE OF BIRTH <u>MARCH 26, 1866</u>   |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>JOHNSON County, MO.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  | 9. AGE (In years last birthday) <u>84</u><br>IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HRS: Hours _____ Min. _____                  |  |
| 13a. FATHER'S NAME<br><u>HERMAN ALEWEL</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>ANNA SCHLEP</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>HENRY ALEWEL</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>NO</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>ANNA ALEWEL CONCORDIA, MO</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal acute pulmonary edema</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mos.</u><br><u>4200</u><br><u>6 hrs.</u>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION.   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>50</u> , to <u>Sept.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept. 17</u> , 19 <u>50</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above. |  |   |  |  |  |
| 23a. SIGNATURE<br><u>H. Brady, M.D.</u>   |  | 23b. ADDRESS<br><u>Concordia, Missouri</u>  |  | 23c. DATE SIGNED<br><u>9/17/50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIED</u>  |  | 24b. DATE<br><u>SEPT 19, 50</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>ST. MATTHEWS</u>  |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>ERNESTVILLE MO</u>  |  | 24e. DATE REC'D BY LOCAL REG.<br><u>Sept. 19, 1950</u>  |  | 24f. REGISTRAR'S SIGNATURE<br><u>Paranah Cristoforo</u>  |  |
| 24g. FUNERAL DIRECTOR'S SIGNATURE<br><u>E. S. James</u>   |  | 24h. ADDRESS<br><u>Concordia, Mo</u>  |  | 24i. DATE<br><u>147</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JOHNSON COUNTY HEALTH DEPT.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.